Appn. Number: 09/393,431

Applicant: Shattil, Steve

Appn. Title: Frequency-Shifted Feedback Cavity Used as a Phased Array Antenna Controller and Carrier Interference Multiple Access Spread-Spectrum Transmitter

Art Unit: 2634

Examiner: TSE, YOUNG TOI

Mailed March 10, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

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#19/M And Gr 3.23.04

MAR 1 8 2004

Technology Center 2600

Sir:

This letter is in response to the Office Letter mailed on 02/03/2004. A complete listing of claims including withdraw claims is included, as requested.

2634

PTO/SB/21 (08-03)
Approved for use through 08/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE collection of information unless it displays a valid OMB control number e Paperwork Reduction Act of 1995, no persons are required to respond to a Application Number 09/393,431 Filing Date 09/10/1999 First Named Inventor SHATTIL, Steve J Art Unit 2634 **Examiner Name** TSE. YOUNG TO Attorney Docket Number CIMA DIVO2 **ENCLOSURES** (Check all that apply) After Allowance communication to Technology Center (TC) Drawing(s) Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information **Provisional Application** Power of Attorney, Revocation Status Letter Change of Correspondence Address Other Enclosure(s) (please Terminal Disclaimer Identify below):

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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Steve Shattil		
Signature	The Central		
Date	03/10/2004		

Petition

Remarks

Request for Refund

CD, Number of CD(s)

Response to office letter mailed on 02/03/2004

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(to be used for all correspondence after initial filing)

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1

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Typed or printed name Steve J Shattil Date 03/10/2004 Signature

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FEE TRANSMITTA	Application Number 09/393/431			
	Filing Date 0.9/13/1999			
for FY 2004	First Named Inventor SHATTIL STOVE J			
Effective 10/01/2003. Patent fees are subject to annual revision.	Examiner Name TSR, Young Toi			
Applicant claims small entity status. See 37 CFR 1.27	Art Unit 2634			
TOTAL AMOUNT OF PAYMENT (\$) 55	Attorney Docket No. CIMA DIVECTIVED			
METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued) 9 2004			
Check Credit card Money Order None  Deposit Account:  Deposit Account Number Deposit Account Number Deposit Account Name  The Director Is authorized to: (check all that apply)  Charge fee(s) indicated below Credit any overpayments  Charge any additional fee(s) or any underpayment of fee(s)  Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  FEE CALCULATION  1. BASIC FILING FEE  Large Entity Small Entity Fee Fee Fee Fee Fee Fee Description  Tode (\$) Code (\$)  1001 770 2001 385 Utility filing fee 1003 530 2003 265 Plant filing fee 1004 770 2004 385 Reissue filing fee 1004 770 2004 385 Reissue filing fee 1005 160 2005 80 Provisional filing fee  SUBTOTAL (1) (\$)  2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from below Fee Paid  Total Claims 200* Substitution Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	Large Entity   Small Entity   Technology Center 2600			
The state of the s	(37 ČFR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	examined (37 CFR 1.129(b))			
over original patent  1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1801 770 2801 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application			
SUBTOTAL (2) (\$)	Other fee (specify)			
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Registration No.

(Attorney/Agent)

40,170

Telephone 720 564-0691

3/10/04

Name (Print/Type)

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